## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

PROCESSED

# FORM D

JUL 28 2004

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** 



UNIFORM LIMITED OFFERING EXEMPTION

A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Silver Spring Networks, Inc.  Address of Executive Offices  (Number and Street, City, State, Zip Code)  2755 Campus Drive, Suite 205  San Mateo, CA 94403  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Brief Description of Business	Name of Offering (☐ check if t		nd name has cha	inged, and indi-	cate change.)		
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Silver Spring Networks, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  2755 Campus Drive, Suite 205  San Mateo, CA 94403  (Number and Street, City, State, Zip Code)  Gode)  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  If elephone Number (Including Area Code)  (If different from Executive Offices)  Brief Description of Business  Utility meter technology  Type of Business Organization  Corporation corporation limited partnership, already formed corporation limited partnership, to be formed	Series A Preferred Stock Finan	ıcing					
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer (	Filing Under (Check box(es) tha	t apply):   Rule 504	☐ Rule 505	<b>区</b> Rule 506	☐ Section 4(6)	☐ ULOE	
1. Enter the information requested about the issuer  Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)  Silver Spring Networks, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  2755 Campus Drive, Suite 205 San Mateo, CA 94403 (650) 357-8770  Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same  Brief Description of Business  Utility meter technology  Type of Business Organization  ☐ corporation ☐ limited partnership, already formed ☐ other (please specify): ☐ business trust ☐ limited partnership, to be formed	Type of Filing: ☐ New Filing						·
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Silver Spring Networks, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  2755 Campus Drive, Suite 205  San Mateo, CA 94403  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Brief Description of Business  Utility meter technology  Type of Business Organization  Corporation  I limited partnership, already formed  D business trust  D limited partnership, to be formed			A. BASIC IDEI	NTIFICATIO	N DATA		
Silver Spring Networks, Inc.  Address of Executive Offices  2755 Campus Drive, Suite 205  Address of Principal Business Operations (if different from Executive Offices)  Brief Description of Business Utility meter technology  Telephone Number (Including Area Code)  San Mateo, CA 94403  (650) 357-8770  Telephone Number (Including Area Code)  Telephone Number (Including Area Code)  Same  Same  Type of Business Organization  Corporation  Imited partnership, already formed  business trust  Imited partnership, to be formed	1. Enter the information request	ed about the issuer					
Silver Spring Networks, Inc.  Address of Executive Offices  2755 Campus Drive, Suite 205  Address of Principal Business Operations (if different from Executive Offices)  Brief Description of Business Utility meter technology  Telephone Number (Including Area Code)  San Mateo, CA 94403  (650) 357-8770  Telephone Number (Including Area Code)  Telephone Number (Including Area Code)  Same  Same  Type of Business Organization  Corporation  Imited partnership, already formed  business trust  Imited partnership, to be formed	Name of Issuer ( check if this	s is an amendment and a	name has chang	ed, and indicate	e change.)	· · · · · · · · · · · · · · · · · · ·	
2755 Campus Drive, Suite 205  Address of Principal Business Operations (if different from Executive Offices)  Brief Description of Business Utility meter technology  Type of Business Organization  Corporation  Imited partnership, already formed  Imited partnership, to be formed	Silver Spring Networks, Inc.						
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Brief Description of Business  Utility meter technology  Type of Business Organization  Corporation  Imited partnership, already formed  business trust  Imited partnership, to be formed	Address of Executive Offices	(	Number and St	reet, City, State	e, Zip Code)	Telephone Nu	imber (Including Area Code)
(if different from Executive Offices) same  Brief Description of Business  Utility meter technology  Type of Business Organization  ☐ corporation ☐ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed ☐ other (please specify):	2755 Campus Drive, Suite 205		San Ma	ateo, CA 9440	3		(650) 357-8770
Brief Description of Business  Utility meter technology  Type of Business Organization  Corporation  Dimited partnership, already formed Dusiness trust  Dimited partnership, to be formed			Number and St	reet, City, State	, Zip Code)	Telephone Nu	mber (Including Area Code)
Utility meter technology  Type of Business Organization  ☐ corporation ☐ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed ☐ other (please specify): ☐ corporation ☐ limited partnership, to be formed	(if different from Executive Office	ces)	same				Same
Type of Business Organization  ☐ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed ☐ other (please specify): ☐ business trust	Brief Description of Business					131	
Type of Business Organization  ☐ corporation ☐ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed ☐ other (please specify): ☐ business trust	Utility meter technology						
☑ corporation ☐ limited partnership, already formed ☐ other (please specify): ☐ business trust ☐ limited partnership, to be formed							co ~//
□ business trust □ limited partnership, to be formed □						M M 5	ea = 7/
	-	☐ limited partnership,	already formed		other (please sp	pecify):	f. T
Month Year	☐ business trust	<ul> <li>limited partnership,</li> </ul>	to be formed			A STATE OF THE STA	
			Month	Year		1551	
Actual or Estimated Date of Incorporation or Organization: 0 7 0 2	Actual or Estimated Date of Inco	rporation or Organizati	on: 0 7	0 2		Actual 🛮 Estin	nated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	Jurisdiction of Incorporation or C	Organization: (Enter tw	o-letter U.S. Po	stal Service abl	breviation for Sta	te:	
CN for Canada; FN for other foreign jurisdiction)  DE	<u> </u>	•					

## **GENERAL INSTRUCTIONS**

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available estate exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

> SEC1972 (2-99) Page 1 of 9 NKT1774.DOC:1

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity
securities of the issuer;  • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Bell, Ray
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Silver Spring Networks, Inc., 2755 Canpus Drive, Suite 205, San Mateo, CA 94403
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Dresselhuys, Eric
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Silver Spring Networks, Inc., 2755 Canpus Drive, Suite 205, San Mateo, CA 94403
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Grosser, Adam
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Silver Spring Networks, Inc., 2755 Canpus Drive, Suite 205, San Mateo, CA 94403
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Weiss, Warren
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Silver Spring Networks, Inc., 2755 Canpus Drive, Suite 205, San Mateo, CA 94403
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Vaswani, Raj
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Silver Spring Networks, Inc., 2755 Canpus Drive, Suite 205, San Mateo, CA 94403
Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Boldt LLC
Business or Residence Address (Number and Street, City, State, Zip Code)
5983 SE Morning Dove Way, Hobe Sound, FL 33455
Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
JVB Properties, LLLP
Business or Residence Address (Number and Street, City, State, Zip Code)
4770 Baseline, Suite 380, Boulder, CO 80302
Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Foundation Capital Funds
Business or Residence Address (Number and Street, City, State, Zip Code)
70 Willow Road, Suite 200, Menlo Park, CA 94024

						B. INFO	RMAT	ON ABO	OUT OFF	ERING					
	· · · · ·													Yes	No
1.	Has th	ne issue	r sold, o	does the	issuer inte	nd to sell,	to non-a	ccredited	investors	in this off	ering?	••••••	••••••		X
			1	Answer als	so in Appe	ndix, Col	umn 2, if	filing un	der ULOE	<b>3.</b>					
2.	What	is the n	ninimum	investme	nt that will	l be accep	ted from	any indiv	idual?					\$ <u>N</u>	/A_
						•								Yes	No
3.	Does	the offe	ring pen	nit ioint o	wnership	of a single	unit?		**********					X	
4.	or sim listed of the	ilar ren is an as broker	nunerationsociated or dealer	on for solic person or . If more	citation of agent of a	purchaser broker or (5) person	s in conn dealer re s to be li	ection wi	th sales of with the S	f securities EC and/or	s in the of with a st	fering. If ate or state	any commission a person to be es, list the name saler, you may		
			e first, if i	ndividual) Inc.	)	•=									
			e Address ny, NY 1		and Street,	City, State	e, Zip Co	de)			<u> </u>				
			Broker or ompany,							<del></del>					
					ted or Inter								······································		
(Ch					al States)				[DC]				[ID]	□ All S	States
[IL]		AK] [N]	[AZ] [IA]	[AR] [KS]	[KY]	│ [CO] 区 [LA]	[ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	נטון [MO]		
[M] [RI]	r) [i	NE] SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM]	[NY]	[NC] [VA]	[ND]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
				ndividual)		[UT]	[VT]		[WA]	["']			[]		
· ·				07	- 1.0										
Busine	ess or Ke	esidence	Address	(Number	and Street,	City, State	e, Zip Co	de)							
Name	of Asso	ciated E	Broker or	Dealer						<u> </u>					
States i	in Whic	h Perso	n Listed I	las Solicit	ed or Inten	ds to Solic	it Purcha	sers							
(Che	eck "All	States'	or check	individua	l States)		••••••						[	□ All S	States
[AL [IL] [MT [RI]	ו] [ז] ר] [ז	AK] N] NE] SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full Na	ame (La	st name	first, if i	ndividual)	-		-								
Busine	ss or Re	sidence	Address	(Number	and Street,	City, State	, Zip Coo	ie)							
Name (	of Assoc	ciated B	roker or l	Dealer	· · ·	<del> </del>			<u></u>						
States i	in Whic	h Person	n Listed I	las Solicit	ed or Inten	ds to Solic	it Purchas	sers					· · · · · · · · · · · · · · · · · · ·		
(Che	eck "All	States"	or check	individua	l States)		••••••	•••••		•••••			[	⊐ All S	tates
[AL] [IL] [MT [RI]	[] [] [7	AK] N] NE] SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXFENSES AND USE O	JF FE	OCEE	פעי		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			,	<u> </u>	
	Type of Security		Aggregation of the Aggregation o		Αı	nount Already Sold
	Debt	\$		00	\$	0
	Equity	\$	9,530	,002,09	\$	9,530,002.09
	☐ Common ☑ Preferred					
	Convertible Securities (including warrants)	\$		0	\$	0_
	Partnership Interests	<b>\$</b> _		00	\$	0
	Other (Specify)	\$		0	\$	0_
	Total	\$	9,530	,002.09	\$	9,530,002.09
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
			Numbe Investo		D	Aggregate ollar Amount of Purchases
	Accredited Investors		5		\$	9,530,002.09
	Non-accredited Investors		0		\$	0
	Total (for filings under Rule 504 only)		5_		\$	9,530,002.09
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.					
	Type of offering		Type o Securit		D	ollar Amount Sold
	Rule 505		0		\$	0
	Regulation A		.0		\$	0
	Rule 504		0_		\$	0
	Total		0		\$	0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees				\$	0
	Printing and Engraving Costs				<b>\$</b>	0
	Legal Fees			X	\$	57,000.00
	Accounting Fees				\$	0
	Engineering Fees				\$	0
	Sales Commissions (specify finders' fees separately)				\$	0
	Other Expenses (identify) Finders fees			X	\$	100,000.00
	Total			X	\$	157,000.00

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) Page 4 of 9

dicate below the amount of the adjusted gross proceeds to the issuer used or proposed ach of the purposes shown. If the amount for any purpose is not known, furnish an estimate box to the left of the estimate. The total of the payments listed must equal the acceeds to the issuer set forth in response to Part C - Question 4.b above.					
		Payments Officers Directors Affiliate	, &		Payments to Others
Salaries and fees		\$0			\$0
Purchase of real estate		\$ <u>          0                          </u>	<del></del> .		\$0
Purchase, rental or leasing and installation of machinery and equipment		\$ <u> </u>			\$0
Construction or leasing of plant buildings and facilities		\$0_	<del></del>		\$ <u> </u>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$ <u>       0     </u>			\$ <u>       0                             </u>
Repayment of indebtedness		\$0			\$0
Working capital <sup>2</sup>		\$ <u> </u>	<del></del>	X	\$ <u>9,373,002.09</u>
Other (specify):		\$ <u> </u>			\$
		\$ <u>         0      </u>			\$0
	_			r==59	00.050.000.00
Column Totals		\$		X	\$ <u>9,373,002.09</u>
Total Payments Listed (column totals added)		<b>X</b>	\$ <u>9,373,0</u>	<u>02.09</u>	

total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

9,373,002.09

## D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Silver Spring Networks, Inc.	Signature	Date July 12, 2004
Name of Signer (Print or Type)	Title of Signer (Print of Type)	<u>,                                    </u>
Ray Bell	Chief Executive Officer	

## **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E.	STATE	SIGNA	TURE

l.	Is	any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification	Yes	No
	pr	ovisions of such rule?		X

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Silver Spring Networks, Inc.	1 Atol	July 12, 2004
Name (Print or Type)	Title of Signer (Print of Type)	
Ray Bell	Chief Executive Officer	

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	,			APF	ENDIX					
1	to non-	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of in	nvestor and hased in State -Item 2)		Disqua Under St (if yes explan waiver	5 Disqualification Under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL	100	1,0		HIVESTOLS	Amount	MVCStOIS	Paniount	103	-110	
AK										
AZ							<del> </del>			
AR						1		<del></del>		
CA		х	Series A Preferred	4	\$7,530.002.09				X	
СО		Х	Series A Preferred	1	\$2,000,000.00				X	
СТ										
DE										
DC										
FL						·				
GA										
Ш										
ID				<del></del>		<del></del>		-, ·, ·		
IL								·		
IN				:						
IA										
KS				<del></del>		·				
KY							· · · · · · · · · · · · · · · · · · ·			
LA										
ME MD				<del></del>						
MA										
MI										
MN										
MS	<u> </u>									
MO					<del></del>					
1410	1									

1		2	3			4			5	
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)						Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
MT										
NE										
NV										
NH										
NJ										
NM										
NY										
NC										
ND										
ОН										
OK										
OR										
PA										
RI										
SC										
SD								! !		
TN										
TX										
UT								l 		
VT						·				
VA										
WA										
WV										
WI								-		
WY										
PR										